

FEE TRANSMITTAL FOR FY 2002**TOTAL AMOUNT OF PAYMENT \$180.00****Complete if Known:**

Application No. 09/023,170

Filing Date 02/13/1998

First Named Inventor Holman

Group Art Unit 2751

Examiner Name K. Verbrugge

Attorney Docket No. 42390.P5346

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge deficiencies in fees and credit any over payments to:

Deposit Account Number 2-2686

Deposit Account Name _____

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
☐ Money Order
☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
101	740	201	370	Utility application filing fee	_____
106	330	206	165	Design application filing fee	_____
107	510	207	255	Plant filing fee	_____
108	740	208	370	Reissue filing fee	_____
114	160	214	80	Provisional application filing fee	_____

SUBTOTAL (1) \$ _____

2. EXTRA CLAIM FEES

		<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims _____	- 20** = _____	X	_____	= _____
Independent Claims _____	- 3** = _____	X	_____	= _____
Multiple Dependent _____			_____	= _____

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ _____

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
099	8,800	099	8,800	Request for inter parties reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	\$180.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	For filing a submission after final rejection (see 37 CFR 1.129(a))	
148	110	248	55	Statutory Disclaimer	
149	740	249	370	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
195	300	195	300	Publication fee for early, voluntary, or normal pub.	
196	300	196	300	Publication fee for republication	
194	130	194	130	Request for voluntary publication or republication	
098	130	098	130	Processing fee under 37 CFR 1.17(l) (except provisionals)	
091	1,280	091	1,280	Acceptance of unintentionally delayed claim for priority	

Other fee (specify) _____

Other fee (specify) _____

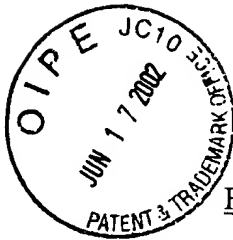
SUBTOTAL (3) \$180.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: John P. Ward

Signature: _____

Date: 6/7/2002Reg. Number: 40,216Telephone Number: (408) 720-8300 x237



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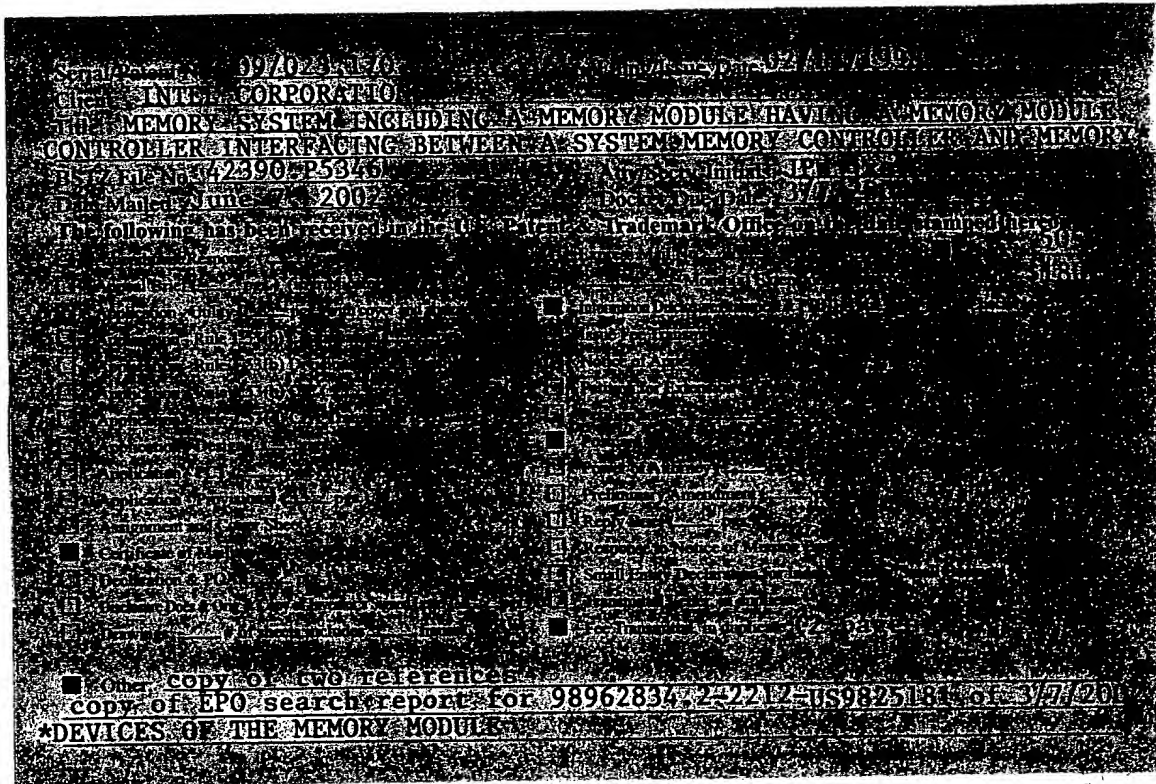
Judy L. Steinkraus

July 8 8A

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REFERENCES